## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-30**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR</b>					OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED  March 6	5, 2007	Applicant Identifi	er
1. TYPE OF SUBMISSION: <u>Application</u>	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier	
Construction Non-Construction  5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	
Legal Name: City of Parlier			Organizational Unit: Police Depar		
Address (give city, county, State 1100 E. Parlier Parlier, CA 93648	, and zip code):  Fresno County		this application (give a Chief Ishmae	rea code)	to be contacted on matters involvin
	3 9 0	Revision  Duration	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent I. State Controlle J. Private Univer K. Indian Tribe L. Individual M. Profit Organiz N. Other (Specif	School Dist.  Id Institution of Higher Learning sity
***************************************		nicolatoro and an analysis an analysis and an analysis and an analysis and an analysis and an	USDA Rural Dev		
TITLE: Community  12. AREAS AFFECTED BY PROCEED OF PARIETY  12. TITLE: Community  12. AREAS AFFECTED BY PROCEED OF PARIETY  13. TITLE: Community  14. AREAS AFFECTED BY PROCEED OF PARIETY  15. AREAS AFFECTED BY PROCEED OF PARIETY  16. AREAS AFFECTED BY PROCEED OF PARIETY  17. AREAS AFFECTED BY PROCEED OF PARIETY  17. AREAS AFFECTED BY PROCEED OF PARIETY  18. AREAS AFFECTED OF PARIETY  18. AREAS AFFETTED OF	[ Facilities Grant	10-766	11. DESCRIPTIVE TI		RECEIVED  MAR 2 0 2007
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		[	STATE CLEARING HOUSE
Start Date   Ending Date   6/1/07   3/31/08	a. Applicant 20 Co	osta	b. Project	20 Co	sta
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF		EVIEW BY STATE EXECUTIVE
a. Federal b. Applicant	\$	27,229	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237 PROCESS FOR REVIEW ON:		
c. State	\$	. 00	DATE	03/13/07	
d. Local \$ .00  e. Other \$ .00		. 00		GRAM HAS NOT	RED BY E. O. 12372 BEEN SELECTED BY STATE
f. Program Income	\$	.00			ON ANY FEDERAL DEBT?
g. TOTAL	\$	49,508	Yes If "Yes,"		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Rep Lou Martine	presentative	b. Title City Manager		c. Telephone Nu (559) 888-29	941
d. Signature of Authorized Redre	sentative			e. Date Signed	4-07

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

· ·	2. DATE SUE	BMITTED	A ant Identifier				
APPLICATION FOR FEDERAL ASSISTANCE							
SF 424 (R&R)	3. DATE REC	CEIVED BY STATE	State Application Identifier				
1. * TYPE OF SUBMISSION	4 = 444		No.				
Pre-application	4. Federal Id	lentifier					
5. APPLICANT INFORMATION		* Organizational DL	JNS: 124726726E CEIVED				
Legal Name: The Regents of the University of Californ	nla	T / 1.					
Department: Sponsored Projects Office	Division:		MAR 2 0 2007				
Street1: 2150 Shattuck Ave. Suite 313	Street2:						
* City: Berkeley Cou	inty: Alameda	1	STATE CLEARING HOUSE				
Province:	Country: JNIT	TED ST ZIP / Postal Code: 9470	The state of the s				
Person to be contacted on matters involving this applicat	e ian						
_	Middle Name:	* Last	Name: Suffix:				
Susan		Hedley					
* Phone Number: (510)642-8119 Fa	ax Number: (51	10)642-6236 Er	nall: shedley@berkeley.edu				
8. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:	I				
94-6002123		H: Public/State Co	untrolled Institution of Higher Education				
8. * TYPE OF APPLICATION: New		Other (Specify):					
	Revision	Small E  Women Owned	Business Organization Type  Socially and Economically Disadvantaged				
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGEN	CY:				
A. Increase Award 📋 B. Decrease Award 📋 C. Incr	тевве Duration	Chicago Service Center					
D. Decresse Duration . E. Other (specify)		10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NUMBER:				
* Is this application being submitted to other agencies?	Yes No	81.049	· ·				
What other Agencies?	!	TITLE: Office of Science Finan	cial Assistance Program				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:						
Development of methods for the enrichment and genomic		ividual populations from complex r	ricrobial communities				
12. * AREAS AFFECTED BY PROJECT (cities, counties	states, etc.)		***				
Contra Costa and Alameda Countles, Calif	,,						
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRIC	CTS OF:				
* Start Date Ending Date		a. * Applicant	b. * Project				
10/01/2007 09/30/2010	]	CA-009	CA				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACT INF	ORMATION	-				
	Middle Name:	* Last N	larne: Suffix:				
Montgomery	<del>_</del>	Slatkin					
Position/Title; Prof	* Organizatio	on Name: The Regents of the Univ	versity of California				
	epartment: Integrative Biology Division:						
Street1: 3060 VLSB	Street2:						
* City: Berkeley Coun	ity: Alameda	•	State: CA: Califori				
***	Country: JNITE	ED S1 * ZIP / Postal Code: 94	4720-3140				
Phone Number: (510)643-6300 Fex	Number: (510)	)643-6264 • Em	ail; slatkin@berkeley.edu				

		EDERAL ASSIS			Page 2
16. ESTIMATED PROJECT FUNDING	<b>;</b>	17	7. 1 IS APPLICATION SUBJ ORDER 12372 PROCESS		TATE EXECUTIVE
a, * Total Estimated Project Funding	1,031,314.00	а.	YES THIS PREAPPLIC AVAILABLE TO T	CATION/APPLICATION VITHE STATE EXECUTIVE	VAS MADE ORDER 12372
b. * Total Federal & Non-Federal Funds	0.00		PROCESS FOR	REVIEW ON;	
c. * Estimated Program Income	0.00		DATE;		
	1-	- b.	NO PROGRAMIS NO	OT COVERED BY E.O. 1	2372; OR
	,		PROGRAM HAS	NOT BEEN SELECTED	BY STATE FOR
resulting terms If I accept an aw criminal, civil, or administrative  \[  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	penalties. (U.S. Co	nat any taise, tict ode, Title 18, Sec	itious, or traudulent state	menta or claims may a	ubject me to
* The list of certifications and easurances  19. Authorized Representative	i, or an internot site who	ere you may obtain th	nis list, is contained in the annour	ncement or egency apocific Ir	nstructions.
* The list of certifications and assurances  19. Authorized Representative  Prefix: * First Name:		ere you may obtain th	* Las	it Name:	Suffix:
* The list of certifications and assurances  19. Authorized Representative  Prefix: * First Name;  Susan	M			it Name:	•
* The list of certifications and assurances  19. Authorized Representative  Prefix: * First Name:	M		* Las	it Name:	<b>**</b>
* The list of certifications and assurances  19. Authorized Representative  Prefix: * First Name;  Susan	M	liddle Name:	+ Las	it Name:	<b>**</b>
* The list of certifications and easurances  19. Authorized Representative  Prefix: * First Name;  Susan  * Position/Title: Senior Research Anal	M lyst office	liddle Name:	+ Las	it Name:	•
* The list of certifications and easurances  19. Authorized Representative Prefix: * First Name: Susan  * Position/Title: Senior Research Anal Department: Sponsored Projects O	Myst  Office rulte 313	iddle Name:  * Organization:  Division:	+ Las	it Name:	
* The list of certifications and easurances  19. Authorized Representative Prefix: * First Name; Susan  * Position/Title: Senior Research Anal Department: Sponsored Projects O  * Street1: 2150 Shattuck Ave. Si	M Dyst Office Julte 313	diddle Name:  * Organization:  Division:  Street2;	* Las Hedie The Regents of the Univers	st Name: ey slty of California  State: CA: Californ	•
* The list of certifications and easurances  19. Authorized Representative Prefix: * First Name: Susan  * Position/Title: Senior Research Anal Department: Sponsored Projects O  * Street1: 2150 Shattuck Ave. S  * City: Berkeley	lyst  Office ulte 313  Count	ofiddle Name:  Organization:  Division:  Street2:  ty: Alameda	The Regents of the Univers	st Name: ey slty of California  State: CA: Californ	Suffix:
* The list of certifications and easurances  19. Authorized Representative  Prefix: * First Name;  Susan  * Position/Title: Senior Research Anal  Department: Sponsored Projects O  * Street1: 2150 Shattuck Ave. S  * City: Berkeley  Province:	Months of the second of the se	ountry: (510)642	The Regents of the Univers	st Name:  elty of California  State: CA: California	Suffix:
* The list of certifications and essurances  19. Authorized Representative  Prefix: * First Name;  Susan  * Position/Title: Senior Research Anal  Department: Sponsored Projects O  * Street1: 2150 Shattuck Ave. S  * City: Berkeley  Province:  * Phone Number: (510)642-8119	Months of the second of the se	ountry: (510)642	The Regents of the Univers  ST ZIP / Postal Code:	st Name: ely of California  State: CA: California  94704-5940  Email: Shedley@berkele	Suffix:

Detely Atlantment Mess Atlantment

FEDERAL ASSISTANCE		2. DATE SUBMIT		Applicant le	Version dentifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		1	State Application Identifier	
Construction	☐ Construction	4. DATE RECEIVE	D BY FEDERAL AGENC	Y Federal Ide	ntifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	114		0			
C Road Community Services	District		Organizational Un Department			
Organizational DUNS: 61-834-8572	Party Party Car	The second secon	C Road Volunteer Division:	Fire Departmen		
Address:		VED				
Street: PO Box 344		di Manana Manana	Name and telepho	one number of	person to be contacted on matte	
	MAR 2 0	2007	Prafix:	First Name:	rea code)	
City: Blairsden			Middle Name	Ron		
County: Plumas	STATE CLEARIN	IG HOUSE	Last Name			
State:	THE RESIDENCE OF THE PARTY OF T		Heard			
CA Country;	Zip Code 96103		Suffix:			
USA '			Email:			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		ron.heard@gotsky. Phone Number (give	com area code)	Fax Number (give area code)	
33-1092438			530.927.9112		530.836.1797	
B. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See he	ck of form for Application Types)	
Revision, enter appropriate let	tor(c) in how(nm)		G	(000 22	aconomical Application Types)	
See back of form for description	of letters.)		Other (specify)			
Other (specify)						
			9. NAME OF FEDER USDA	RAL AGENCY:		
0. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE	TILE OF APPL	ICANT'S PROJECT:	
Times em cas		10-766	C Road Volunteer F	ire Denartment	door replacement and fire safety	
TITLE (Name of Program):			and equipment proje	ect	The same and the salety	
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):	_			
Road district (Blairsden - Clio,	CA)					
3. PROPOSED PROJECT tart Date:			14. CONGRESSION	AL DISTRICTS	OE.	
4/01/07	Ending Date: 12/31/07		a. Applicant		b. Project	
5. ESTIMATED FUNDING:			1	SUR IECT TO	04 REVIEW BY STATE EXECUTIVE	
Federal		- 00	ONULK 123/2 PROC	E35?		
Applicant §		15,000	a. Yes. 🗹 THIS PRI	EAPPLICATION LE TO THE STA	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
		5,000	PROCES	S FOR REVIEW	ON	
State \$		.00	DATE: 3/	20/07		
Local \$		- w			TOTO DVE	
Other s		w			ERED BY E. O. 12372	
Program Income \$		•	OR PROC	RAM HAS NOT	BEEN SELECTED BY STATE	
		. OUT	17. IS THE APPLICAL	NT DELINQUEN	T ON ANY FEDERAL DEBT?	
TOTAL \$		30 000	IT Van 16 DV 2		75.	
. TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	LEDGE AND BELIEF, AL	L DATA IN THIS AS	Yes If "Yes" attach			
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Authorized Representative		RDED.			THE SERVE PERSON OF THE PERSON	
ofix F	irst Name Ron		Middle I	Name		
st Name ard			Suffix			
itle						
e Chief Ignature of Authorized Represe	ntative A		c. Telep 530.927	hone Number (g '.9112	ive area code)	
	ntative Kan 10	york	e. Date	Signad	20-07	
rious Edition Usable torized for Local Reproduction					Standard Form 424 (Rev 9-2003)	

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	E		2. DATE SUBMITTED	,		Applicant Id	cotifier	Version 7
1. TYPE OF SUBMISSION:			03/21/2007			1	**	
Application	Pre-applic	ation	3. DATE RECEIVED E	BY STATE		State Applic	ation Identifier	
Construction	P.4.		4. DATE RECEIVED E	V EENEDAI	ACENOV			
Non-Construction	Constr	uction nstruction	W SALE REGEIVED E	TEDERAL	AGENCY	Federal Idor	ntifier	
5. APPLICANT INFORMATIO Logal Name:	N					J		
-					tional Unit:			
Sierra Economic Development	District			Dopartme	ent:			
Organizational DUNS: 08-885-6885				Division:				
Address: Street:		A CONTRACTOR OF THE PARTY OF TH	and the same of th	Name an	d telephono	number of p	erson to be contac	tod on matter
Jil Col.		DE	CEIVED	involving	this applica	ition (give ar	ea codo)	tod on matter
60 Wall Street, Suite F		I I I I I I I I I I I I I I I I I I I	Manual Williams And	Profix; Mr.		First Name; Brent		
City; Auburn		MA	R <b>2 1</b> 2007	Middle Na	ma			
ounty:		<u>IVI</u> _A	N & 1 2007					
Placer tate:	T			Last Name Smith	2			
SA	Zip Code 95603	STATE (	CLEARING HOUSE	Suffix:				
ountry: Inited States		*economical management and an	and the state of t	Email:				
EMPLOYER IDENTIFICATION	N NUMBER	(EIN):		brent@se				
94-1705043		, y.		1	nber (give are	o code)	Fax Number (give :	area code)
TYPE OF APPLICATION:				530-823-4			530-823-4142	
	· •			7. TYPE O	F APPLICA	NT: (Soe bac	k of form for Applica	tion Typos)
Nev Rovision, onter appropriate lett	or/e) in hou/o	ontinuation	Revision	0				,
ee back of form for description	of lotters.)	ə) ''		Other (spec	S.6.A			
than (anit .)	•			Nonprofit	,,, <b>y</b> ,			
ther (specify)				9. NAME C	F FEDERAL	AGENCY;		
. CATALOG OF FEDERAL D	OMESTIC A	SSISTANCE	NIMPED.		al Developm			
							CANT'S PROJECT:	
ITLE (Name of Program):			[1][0]-[7][6][9]	BroadbandSe	rvice Revolv	ing Loan Fun	d (ISRLF)	
ural Business Enterprise Grant	Program (RE	BEG)	•					
2. AREAS AFFECTED BY PRO	JECT (Cities	Counties,	States, otc.):	-				
ierra County, City of Loyalton			,					
. PROPOSED PROJECT								
art Date:	Ending Dat	e:		a. Applicant	ESSIONAL	DISTRICTS		
/01/2007	05/30/2008	3		Doolittle - 4	•		b. Project Doolittle - 4	
. ESTIMATED FUNDING:				16. IS APPI	ICATION S	UBJECT TO	REVIEW BY STATE	FYECUTIVE
Federal \$			CO CO	JUNDER 123	/2 PROCES	S?		
Applicant s			50,000	a. Yes, 🎶	AVAII ARLE	PLICATION,	APPLICATION WAS	MADE
			- ui) —		PROCESS	OR REVIEW	ON	DER 12372
State \$	_		DD	l		uary 27, 2007		
_ocal \$		_						
			.00	b. No. [[]	PROGRAM	S NOT COVE	RED BY E. O. 1237	2
Other \$			.00	1~1	OR PROGRA	AM HAS NOT	BEEN SELECTED I	
rogram Income \$	<del>_</del>		.00		OK RIVIEL	N/		
TOTAL				17115 17127	ALL CICKIAI	DELINQUEN	T ON ANY FEDERA	L DEBT?
<b>[</b>			50,000 '"	Tyes If "Ye	es" attach an	explanation.	No No	
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	LEDGE AND	BELIEF, A						
UMENT HAS BEEN DULY AT ACHED ASSURANCES IF TH	JTHORIZED	BY THE GO	VERNING BODY OF TH	HE APPLICA	NT AND TH	HON ARE THE	TWILL COMPLY VA	T. THE
Ultorized Reprosentative	E ASSISTAN	ICE IS AWA	RDED.			LIGAII	- WILL COMPLY W	III III III III III III III III III II
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de sident	-	1	- 7	11	c Telepho	No Mumb		
nature of Authorized Represe	Dtatives	<del>-;K</del>	//		1030-823-4		ve area code)	Ί
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ious Edition Usable	,	メーノんゥッ	Will Donald		e. Date,Şig	ned 21.07		

OMB Approval No. 0348-0043

APPLICATI	ON FOR			2. DATE SUBMITTE		Applicant Identifier	
FEDERAL A	ASSISTANCE			IV.	arch 16, 2007		
1: TYPE OF SUBMISSION:  **Application**  **Construction**	<i>Preapplica</i> . □ Constru			3. DATE RECEIVE	BY STATE	State Application Ide	nlifler
☐ Non-Constructio				4. DATE RECEIVED	BY FEDERAL AGEN	CY Federal Identifier	
		713000001			······································		
5. APPLICANT INF	ORMATION		······		Organizational L	Jnit:	
Port of Oakland					Port of Oak Commission	dand Acting by and thr	ough its Board of Port
Address (give city, cou	nty, state, and z	ip code)			Name and telept this application (	hone number of the person to b 'give area code)	e contracted on matters involving
530 Water Street	•				Christina L	00	
Oakland, CA 940	607				(510) 627-15		
EMPLOYER IDENTIFIE	CATION NUMBE	ER (EIN):	<del></del>	***************************************	7. TYPE OF AP	PLICANT: (enter appropriate le	etter in box) C
9 4	1 7	4	6 3	1 2	A. State B. County C. Municipal	J. Private Univers	t School District d Institution of Higher Learning
8. TYPE OF APPLICA	TION:				D. Township E. Interstate	K. Indian Tribe L. Individual	
⊠ N	ew Co	ntinuation	Rev	vision	F. Intermunicipa G. Special Distri		PRES
If Revision, enter appro	priate letter(s) in	box(es):				/	LUE/VER
A Increase Award D Decrease Durati	B Decrea		C Incr	ease Duration			RECEIVED  MAR 2 1 2007
					9. NAME OF FEDERAL AGENCY Federal Aviation Administration  STATE CLEARING HOUSE  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDER. ASSISTANCE NUMBER	AL DOMESTIC	<b>31</b> [7	T I		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE: Airport Improv	rement L	<b>4</b> L	<b>ゴ・</b> L <sup>1</sup>	0 6	1. North Field Pavement Program - Overlay of Run-Up Pad at Runway 27R,		
12. AREAS AFFECTE	D BY PROJECT	(cities, cour	nties, states	, etc.);		9R/27L, and	vay 2/K,
San Francisco Ba	ıy Area				Aprons at West Side Tee Hangars		
	•				2. Overlay of Taxiway B and Taxiway V, Phase 1, South Field, OIA		
					3. Upgrade Aircraft Noise and Operations Monitoring		
					System (A	ANOMS)	
13. PROPOSED PROJ Start Date   E	ECT   Ending Date	14. CONG a. Applica	***************************************	L DISTRICTS OF		b. Project	
10/07	08/08	7	•			4	
15. ESTIMATED FUND  a. Federal		,927,320	.00			EW BY STATE EXECUTIVE OF APPLICATION WAS MADE AV	
b. Applicant	1	0,872,680				DER 12372 PROCESS FOR RE	
c. State	\$		•	DATE	: March 16, 2	2007	
d. Local	\$	~~~~	•	b. NO	PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$	****	•		OR PROGRAM HAS	NOT BEEN SELECTED BY S	TATE FOR REVIEW
f. Program Income	\$		*	17. IS THE APPLICAN	T DELINQUENT ON	ANY FEDERAL DEBT?	
g. TOTAL \$ 14,800,000 .00 Yes If yes,					attach an explanatio	-	-
AUTHORIZED BY THE AWARDED							
a. Typed Name of Author Steve Grossman	orized Represent	ative	b. Title Directo	r of Aviation			c. Telephone number (510) 627-1133
d. Signature of Authoriza	ed Representativ	/e		or or other transfer or other	······································		e. Date Signed
			$\leq$	for STA	E GROS	SMAN	March 16, 2007

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	Appil	cant identifier	OP		
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State	Application Identifier			
1. * TYPE OF SUBMISSION	<u> </u>			,			
Pre-application  Application  Changed/Corrected Application	4. Federal Id	entitier					
5. APPLICANT INFORMATION		* Organizat	ional DUNS: 0	94878394			
* Legal Name; The Regents of the University of Californ	nia	T Property and the second seco		M. C. C. IV	/EDI		
Department: Office of Research Division:							
* Street1: University of California	* Street1: University of California Street2: 3227 Cheadle MAR 2 1 2007						
* City: Santa Barbara Cou	inty:		* State:	CLEARING I			
Province:	* Country: JNIT	ED ST ZIP / Postal Cod	de: 93106-2050	T-WILLIAMING I	10USE		
Person to be contacted on matters involving this applica Preflx: * First Name:	tion Middle Name:		* Last Name:	- Addition	Suffix:		
Lynne			Van Der Kamp	)			
* Phone Number: 805-893-5687 Fa	ax Number: 80	5-893-2611	Email: [v	an@research.ucsb.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA	41.471.4	, in a land			
95-6006145W		H: Public	/State Controlled	i Institution of Higher Educa	tion		
8. TYPE OF APPLICATION: 🔀 New		Olher (Specify); Small Business Organization Type					
Resubmission Renewal Continuation F	Revision	Wornen Owned	Smail EU\$1//93	Socially and Economically	y Disadvantaged		
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:				
A. Increase Award . B. Decrease Award . C. Inc	rease Duretion	Chicago Service Center					
D. Decresse Duration E. Cther (specify)		10. CATALOG OF FED	ERAL DOMEST	IC ASSISTANCE NUMBER			
* Is this application being submitted to other agencies?	Yes No		ings (Alm) 1   11 in administration				
What other Agencies?		TITLE: Office of Scien	nce Financial As	sistance Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	:T:						
Synthesis of Uranium-Ligand Multiple Bonds							
12. * AREAS AFFECTED BY PROJECT (cities, counties Santa Barbara	s, states, etc.)			٠			
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF	:			
* Start Date	7	a. * Applicant		b. * Project	•		
		CA-023	77//34	CA-023			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name;	R CONTACT INF Middle Name:	FORMATION	* Last Name:		Suffix:		
Prof. Trevor	100000		Hayton		PhD		
Pasition/Title: Principal Investigator *Organization Name: The Regents of the University of Californie							
Department: Chemistry & Biochemistry Division: Letters & Science							
* Street1: University of California Street2:							
* City: Santa Barbara Cou	inty:		* State:	GA: Califori			
Province:	Country; JNIT	rED \$1	Cade: 93106-2	050			
* Phone Number: 805-893-3392 Fax Number: 605-893-7563 * Email: hayton@chem.ucab.edu							

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

8058932611

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2 16. ESTIMATED PROJECT FUNDING 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE a. \* Total Estimated Project Funding 450,000.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. \* Total Federal & Non-Federal Funds 450,000.00 DATE: 03/14/2007 c. \* Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the 11st of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ \* I agree \* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: \* First Name: \* Last Name: Suffix: Middle Name: Van Der Kamp Lynne \* Organization: Position/Title: Sponsored Projects Officer The Regents of the University of California Department: Office of Research Division: \* Street1: University of California Street2: 3227 Cheadle County: CA: Califor City: Santa Barbara \* State: Province: \* Country: JNITED ST " ZIP / Postal Code: 93106-2050 Phone Number: 805-893-5687 Fax Number: 805-893-2611 \* Email: van@research.ucsb.edu \* Signature of Authorized Representative " Date Signed Completed on submission to Grants.gov Completed on aubmission to Grants.gov

Bookeas Warran reent

erene autoriamen

OMB Number: 4040-0001 Expiration Date: 04/30/2008

Add Attachment Desorts Attachment

			Expiration Date, 173 172008
Application for Federal Assi	stance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(a):	
Preapplication	✓ New		
Application	Continuation	^ Other (Specify)	
Changed/Corrected Application	☐ Revision		
* 3, Date Received:	4. Applicant Identifier:		
Completed by Granta, gov upon submission.			
5a, Federal Entity Identifier:	-	<sup>2</sup> 5b, Federal Award Identifier;	PARTICULAR PROPERTY AND ADMINISTRATION OF THE PARTICULAR PARTICULA
4			RECEIVED
State Use Only:			MAR 2 2 2007
6. Date Received by State:	7. State Applicati	on identifier:	
8. APPLICANT INFORMATION:			STATE CLEARING HOUSE
്а. Legal Namo: Community Recov	ery Services		
* b. Employer/Taxpayer Identification	Number (EIN/TIN);	c. Organizational DUNS;	
94-3068580	. , -	795261726	
d. Address:			
Street1; 3101 Telegraph	Avo		
Street2;			
* City; Berkeley		and the second s	
Caunty;			•
* State:		CA: California	
Province:	, i.e., y =		
Country!	1474	USA: UNITED STATES	
* Zip / Postal Code: 94705-1919	at a star POTPH than had absence as a state of the second		
e. Organizational Unit:			_
Department Name:		Division Name:	
Alcohol Policy Network		Students for a Safer Southside	
f. Name and contact Information o	f person to be contacted or	natters involving this application:	
Prefix;	• First Ne	ime: Joan	
Middle Namo:			
Last Name: Kiley			N. The last
Suffix:			
Title: Executive Director			
Organizational Affiliation:		And the state of t	
Community Accovery Services			41/10
*Telephono Number: 510-548-9822		Fax Number:	Lid B.A. Saati JAA.
Email:   Ikiley@pacbell.net			AND A CONTRACTOR OF THE PROPERTY OF THE PROPER

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Foderal Domestic Assistence Number:	
84,164	
CFDA Titlo:	
Safe and Drug-Free Schools and Communities_National Programs	
*12. Funding Opportunity Number:	
ED-GRANTS-122206-002	
* Title;	
Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H	
13. Competition Identification Number:	
64-1B4H2007-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
*15. Descriptive Title of Applicant's Project:	
Reducing High Risk Drinking Among University of California, Berkeley Students in the South Campus Area	
Attach supporting documents as specified in agency instructions.	
CASATA AGENT PARTE TO THE PARTE OF THE PARTE	

Application	for Federal	Assistance SF-424		<b>→ → → → → → → → → → → → → → → → → → → </b>		Version 02
16. Congressio	onal Districts O	•				
* a. Applicant	9			* b. Program/Projec	t 9	
Attach an additi	onal list of Progr	ат/Project Congressional Dis	ricts if needed,			
/		//Acdr/Attachinerin	Deleta Allachn	ent View Attachment		
17. Proposed F	Project:					
"a. Start Date:	01/07/2007			^ b, End Date	e: 06/30/2008	
10. Estimated	Funding (\$):		,			
a. Fedoral	***************************************	128,502,	00			
* b. Applicant		0.	00			
° c. State		0.	00			
* d. Local		0,	00			
° a. Othor	.,,	0.	00			
* f. Program inc	come	0.	00			
* g. TOTAL		128,502.	00			
21. *By signing herein are true comply with ar may subject m  I AGREE  The list of cel	No I this application, complete and a resulting term e to criminal, continuations and a relifications and a	ent On Any Federal Debt? (I  Explanation  on, I certify (1) to the statement accurate to the best of my ms If I accept an award. I and sivil, or administrative penal	nts contained in t knowledge, I also aware that any t tles, (U.S. Code,	he list of certifications" o provide the required a alse, fictitious, or fraud little 218, Section 1001)	ulent atatements or claims	
Authorized Re		•	<del></del>			
	presentative:			for 18 de hard with an analysis of the	mello-de- comment to the form	
Prefix; Middle Name:		Firs	t Name:   Joan			
* Last Name:	Kiley		• • • • • • • • • • • • • • • • • • • •	-1,4 W		
Suffix:	Kiley	ma's 7-			der Control (control of control o	- 141)
*Title: Execu	tive Director					
" Telephone Nur	mber: 510-548-	9822		Fax Number:	W	
" Email: [!kile	y@pacboll.not	A CONTRACTOR OF THE CONTRACTOR	4744 7		A A A A A A A A A A A A A A A A A A A	
* Signaturo of A	uthorized Repre	sentative: Completed by Grants	pv pon appmission.	* Dete Signed: Com	ateu by far inte soy upon aubmiasion.	
Authorized for L		//	- Cry		Standard Form 424 (Re	

Application fo	or Federal Assis	stance SF-424		Version 02
* 1. Type of Submi	ission:	* 2. Type of Application:	* If Revision, select appropriate letter(s)	):
Preapplication		<b>✓</b> New		
Application		Continuation	* Other (Specify)	
Changed/Corre	cted Application	Revision		
* 3. Date Received		4. Applicant Identifier:		
Completed by Grants.g	ov upon submission.		-	
5a. Federal Entity	ldentifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received b	oy State:	7. State Applicatio	n Identifier:	
8. APPLICANT INI	FORMATION:			
* a. Legal Name:	Southern California l	Housing Development Corpora	ation	
* b. Employer/Taxp	ayer Identification N	umber (EIN/TIN):	* c. Organizational DUNS:	
33-0521215			796516748	
d. Address:				
* Street1:	9065 Haven Avnu	e		
Street2:	Suite 100			
* City:	Rancho Cucamor	nga		
County:	San Bernardino			
* State:			CA: California	
Province:				RECEIVED MAR 2 2 2007
* Country:			USA: UNITED STATES	MAR 2 2 2007
* Zip / Postal Code:	91730-5429			
e. Organizational	Unit:			STATE CLEARING HOUSE
Department Name:			Division Name:	
f. Name and conta	ct information of p	person to be contacted on r	matters involving this application:	
Prefix: Ms.		* First Nam	ne: Stella	
Middle Name:				
* Last Name: Chu	1			
Suffix:				
Title: Project Mana	ager			
Organizational Affilia	ation:			
* Telephone Number	r: (909)291-1400, e	ext 108	Fax Number: (909)29	1-0302
* Email: schu@na	ationalcore.org			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	The second secon
Type of Applicant 3: Select Applicant Type:	**************************************
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
	er Principal and and a second
* 12. Funding Opportunity Number:	
FR-5078-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	Prince and the
13. Competition Identification Number:	·
202DEMO-01	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Montclair, San Bernardino County, California	
* 15. Descriptive Title of Applicant's Project:	
Montclair Senior Apartments: New construction of an 85-unit independent living apartment building in Montclair, CA, for 84 very low-income and low income persons 62 years of age and older.	
and for moone persons of years of age and order.	
Attach supporting documents as specified in agency instructions.	
Add Attachments   Delete Attachments   View Attachments	

Application	n for Federal Assistance SF-424	Version 02
16. Congress	ional Districts Of:	
* a. Applicant	26	
Attach an addi	tional list of Program/Project Congressional Districts if needed.	
	Add Attachment Delete Attachment View Attachment	
17. Proposed	Project:	<del>*************************************</del>
* a. Start Date	* b. End Date: 05/01/2008	
18. Estimated	Funding (\$):	
* a. Federal	10,604,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	1,528,280.00	
* e. Other	170,000.00	
* f. Program In	ocome 0.00	
* g. TOTAL	12,302,280.00	
* 20. Is the Ap Yes  21. *By signing herein are true comply with a may subject m  ** I AGREE  ** The list of ce specific instruct		7 7
Authorized Re	presentative:	<del></del>
Prefix:	Mr. * First Name: Richard	
Middle Name:	J.	
* Last Name:	Whittingham	
Suffix:		
* Title: Chief	Financial Officer	
* Telephone Nur	mber: 909-483-2444 ex 118 Fax Number: 909-483-2448	
Email: rwhit	ttingham@nationalcore.org	
Signature of Au	uthorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	

APPLICATION FOR				!	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	on Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er	
Non-Construction	☑ Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational U	nit:		
Stockton Port District			Department: Special Projects [	Department		
Organizational DUNS:			Division:			
00-923-5391 Address:			Name and teleph	one number of per	son to be contacted on matters	
Street: 2201 West Washington Street				plication (give area		
P.O. Box 2089		<u> </u>	Mr.	Henry		
City: Stockton			Middle Name E.			
County: San Joaquin	A CONTRACTOR OF THE CONTRACTOR		Last Name McKay			
State: California	Zip Code 95201		Suffix:			
Country: USA			Email: hmckay@stockto	nnort.com		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)	
9  4 - 6  0  0  1  4  0  3			209-946-0246		209-463-2362	
8. TYPE OF APPLICATION:	4		7. TYPE OF APP	LICANT: (See back	of form for Application Types)	
☑ Nev	w Continuation	on [ Revision	G - Special Distri	et		
If Revision, enter appropriate lett (See back of form for description		1.1	Other (specify)			
Other (specify)	Ш		9. NAME OF FEE	DERAL AGENCY:		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program):			Master Plan Utilit	ies for Rough and R	eady Island	
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):				
City of Stockton, San Joaquin C	County, CA					
13. PROPOSED PROJECT	TF- # D-t		14. CONGRESSI a. Applicant	ONAL DISTRICTS	DF:	
Start Date: 02 January 2007	Ending Date: 01 July 2007		CA 11 and CA 18		CA 11 and CA 18	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PI		REVIEW BY STATE EXECUTIVE	
a. Federal \$	5	525,000 · · · · · · · · · · · · · · · · · ·	a. Yes. THIS	PREAPPLICATION LABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	EVED 2	225,000		CESS FOR REVIEV -	VON	
c. State	, E V km k	•	DATE		·	
d. Local MAR	<b>2 2</b> 2007	- 00	D. NO. 111		ERED BY E. O. 12372	
e. Other \$	0	1 FOR	OR PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income STATE	LEARING HOUSE		17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL 5		750 <b>,</b> 000	☐ Yes If "Yes" a	ttach an explanation	. Z No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	WLEDGE AND BELIEF AUTHORIZED BY THE	F, ALL DATA IN THIS APP GOVERNING BODY OF	LICATION/PREAI	PPLICATION ARE 1 AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			ia a	ddle Name		
Prefix Mr.	First Name A.			Ric	hard	
Last Name Aschieris			Sı	ıffix		
b. Title Port Director				Telephone Number 09-946-0246	(give area code)	
d Signature of Authorized Reput	Sentative			Date Signed		

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Version 7/03

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE			2. DATE SUBMITTED			Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY STATE			State Application Identifier		
Construction	Construction		4. DATE RECEIVED BY FEDERAL AGENCY FE			Federal Identifi	ier	
Non-Construction	Non-Construc							
5. APPLICANT INFORMATION	Noneseinen de	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	
Legal Name:				Organization Department:	nal Unit:	• _ ,	A-1	
SAN GABRIEL BASIN WATER	QUALITY AUTHO	RITY		Debattuer.				
Organizational DUNS: 556419091				Division:				
Address:			CANANDA CANAND	Name and to	lephone	number of per	rson to be contacted on matters	
Street: 1720 W. CAMERON AVE, SUIT	E 100	R	ECEIVED	Prefix: MR.	is applici	First Name: RANDY	a coda)	
City: WEST COVINA			MAR 2 2 2007	Middle Name	••			
County: LOS ANGELES				SOHOELLER	MAN			
State: CALIFORNIA	Zip Code 91790	STAT	TE CLEARING HOUS	Enux:			A 7/2	
Country: USA	5mm	Transport (married ) to Live	Exposurpose i folicione administrator (1.5 f.) (	Email: RANDY@W	QA.COM			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)	):		Phone Numb			Fax Number (give area code)	
33-0445678	1			(626)338-555	55		(626)338-5775	
8. TYPE OF APPLICATION:				7. TYPE OF	APPLICA	NT: (See back	of form for Application Types)	
Mev		nuation	n 🔲 Revision	G				
If Revision, enter appropriate lett (See back of form for description	of letters.)	1		Other (specify	/)			
Other (specify)		J		9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY				
10. CATALOG OF FEDERAL	DOMESTIC ASSIS	TANC	E NUMBER:	11. DESCRI	PTIVE TI	TLE OF APPLIC	CANT'S PROJECT:	
			66-802	SOUTH EL	MONTE	PERABLE UNI	IT COOPERATIVE AGREEMENT	
TITLE (Name of Program): SUPERFUND POLITICAL SUB	DIMICION CITE CE	محديد						
12. AREAS AFFECTED BY PR								
LOS ANGELES COUNTY			, 0.0.00, 0.0.,					
13. PROPOSED PROJECT			1	14 CONGRE	SSIONA	L DISTRICTS	nF:	
Start Date:	Ending Date:	*		a. Applicant			b. Project	
4/1/07 15. ESTIMATED FUNDING:	3/31/08			HILDA SOLI			HILDA SOLIS 32ND	
18. ESTIMATED FUNDING:				<b>ORDER 1237</b>	2 PROC	ESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$			6,554,002	a. Yes. 🔯	THIS PRE VAILABI	EAPPLICATION LE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$			.00	] f	PROCES	S FOR REVIEW	VON	
c. State \$				] (	DATE: 3/	22/07		
d. Local \$			.00	b. No. 🖽 f	ROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$			, po		OR PROC		T BEEN SELECTED BY STATE	
f. Program Income \$			, co	17. IS THE A	PPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$			6,554,002	i		an explanation		
18. TO THE BEST OF MY KNO	WLEDGE AND BE	ELIEF,	ALL DATA IN THIS APP	LICATION/PR	EAPPLIC	CATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	THE ASSISTANCE	E IS AN	GOVERNING BODY OF T WARDED.	HE APPLICA	NT AND	THE APPLICAL	NT WILL COMPLY WITH THE	
a. Authorized Representative					NA: A	NI		
MS.	First Name GRACE				Middle	Name		
Lasi Name BURGESS					Suffix		. '	
b. Title EXECUTIVE DIRECTOR						shone Number ( 38-5555	(give area code)	
d. Signature of Authorized Repre	sentative	$\Xi_{i}$	COLA B-	_	e. Date 3/22/01	Signed		
Previous Edition Usable							Standard Form 424 (Rev 9-2003)	

Previous Edition Usable \
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APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE	m si p	<b>2. DATE SUBMITTED</b> 3/16/2007		Applicant Ident	tifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Uni	<u>t:</u>		
United Families Inc.			Department: Child Care			
Organizational DUNS: 1970361			Division: Westmorland Cente			
Address:			│ Name and telephor │ involving this appl		son to be contacted on matters	
Street: 646 S. 4th Street			Prefix:	First Name: Bertha	RECEIVED	
City: El Centro			Middle Name Barcena	Dertila		
County: Imperial			Last Name Franco		MAR 2 3 2007	
State: CA	Zip Code 92243		Suffix:		STATE CLEARING HOUSE	
Country: USA			Email:		PROPERTY AND ASSOCIATION OF THE PROPERTY ASSOCIATION OF THE PR	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)	
3 3 - 0 7 2 6 7 7 6			760-336-8922		760-336-8925	
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See back	of form for Application Types)	
√ Ne		n Revision	O Non-Profit Organ	ization		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)	П	Other (specify)			
Other (specify)	المما		9. NAME OF FEDE		1	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLIC	CANT'S PROJECT:	
		10-766	Westmorland Cente	er Rehabilitation P	roject	
TITLE (Name of Program):						
Community Facilities  12. AREAS AFFECTED BY PF	OJECT (Cities Counties	s States etc.):	-			
Westmorland, California		.,,				
			14. CONGRESSION	IAI DISTRICTS	OE:	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DICTRICTO	b. Project	
1/1/2008	6/30/2008		51		51	
15. ESTIMATED FUNDING:			<b>ORDER 12372 PRO</b>	CESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		14,985	a Yes V THIS PI	REAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	-	4,995	PROCE	SS FOR REVIEW	VON	
c. State \$		.00	DATE:	3/16/2007		
d. Local \$		.00	Jb. No. 11.3		ERED BY E. O. 12372	
e. Other \$		. 00			T BEEN SELECTED BY STATE	
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		19,980	☐ Yes If "Yes" atta	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	Eirot Nome		Mida	le Name		
Prefix Ms.	First Name Bertha			cena		
Last Name Franco			1	lephone Number	(give gree code)	
b. Title Executive Director	acestative M.	, 1780 f	/ 760-	336-8922 ate Signed	(give alea code)	
<ul> <li>d. Signature of Authorized Repr</li> </ul>	esenianve / ///////	1. WYVI. 1/	MAA C. Da	ale olyneu		

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

SF 424 (R&R) APPLICATION FOR FEDERAL AS				STANC	CE			Page 2
16. ESTIMATED PROJECT FUNDING	16. ESTIMATED PROJECT FUNDING			17. * IS APPLICATION SUBJECT TO ORDER 12372 PROCESS?			т то	REVIEW BY STATE EXECUTIVE
a. * Total Estimated Project Funding	70,000.00		e				APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
b. * Total Federal & Non-Federal Funds	70,000.00				PROCESS F			
c. * Estimated Program Income 0.00			DATE:	03/26/2007				
				. NO	PROGRAM IS	NOT	cov	RED BY E.O. 12372; OR
					PROGRAM F	IAS NO	TBE	EN SELECTED BY STATE FOR
true, complete and accurate to tresulting terms if I accept an aw criminal, civil, or administrative  I agree  The list of certifications and assurances	ard. I am aware pensities. (U.S.	that an Code, 1	ny false, fic Fitia 18, Se	titious ction 1	s, or fraudulent a 001)	tateme	nts	or claims may subject me to
19. Authorized Representative Prefix: * First Name:		A Aladadia	N			4 4 BI		Sulfix:
Ms. Kristin		Middle	ivame:			Last N und	ame	Sunx
* Position/Title: Grant Analyst		1.0	rganization	The	Regents of the Un	iversity	o1 G	alifornia
Department: Office of Contract & G	Irant Adm	DIV	ision:	UCL	.A			
* Street1: 10920 Wilehire Blvd.,	Sulte 1200	Str	eet2:					
* City: Los Angeles	Co	unty: L	os Angeles	· · · · · · · · · · · · · · · · · · ·		7.	Stat	: CA: Califori
Province:	•	Country	y: JNITE	78	* ZIP / Postal Co	de: 9	0024	1408
* Phone Number: 310-794-0171	Fe	x Numbe	er: 310-79	4-0631		* Em	ail:	klund@resadmin.ucla.edu
<ul> <li>Signature of Author</li> <li>Completed on aubmi</li> </ul>	•				Соп	npleted		ate Signed
				-				
20. Pre-application					Adc	Altach	men	
21. Attach an additional list of Proje		nal Diatr	A COLUMNIA POR PORTO DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA DE L	-				
List of Additional Congressional Distric	ta fo Discourse	,. Т	Delete A	Inchm	ont View Attachm	ont		

**2**002

* 1. Type of Submission:  Preapplication  New  Continuation  Continuation  Tother (Specify)  Changed/Corrected Application  Revision  * 3. Date Received:  Completed by Grants gov upon submission.  5a. Federal Entity Identifier:  * 5b. Federal Award Identifier:  * MAR 2 6 2007							
Application Continuation Other (Specify)  Changed/Corrected Application Revision  - 3. Date Received: 4. Applicant Identifier:  Completed by Grants.gov upon submission.							
Changed/Corrected Application Revision  3. Date Received:  Completed by Grants.gov upon submission.  Revision  Revision  Revision							
- 3, Date Received:  Completed by Grants gov upon submission.  Applicant Identifier:  RECEIVED							
Completed by Grants, gov upon submission.							
Completed by Grants, gov upon submission.  Fig. Endered Equity Identifies:							
57 Endoral Entity Identified							
Sa. redelar Award rounding. MAK 2 0 2001							
State Use Only:  STATE CLEARING HOUSE							
State Use Only:  STATE CLEARITIES.							
6. Date Received by State: 7. State Application Identifier:							
8. APPLICANT INFORMATION:							
* a. Legal Name: The CSU, Chico Research Foundation							
b. Employer/Taxpayer Identification Number (EIN/TIN): c. Organizational DUNS:							
68-0386518							
d. Address:							
* Street1: Building 25, CSU, Chica							
Street2;							
* City: Chico							
County:							
*State: CA: California	_						
Province:							
* Country: USA: UNITED STATES							
* Zip / Postal Code: 95929-0870							
e. Organizational Unit:							
Department Name: Division Name:							
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: * First Name; Carol							
Middle Name:							
Last Name: Sager							
Suffix:							
Title: Dir. Research and Sponsored Programs							
Organizational Affiliation:							
* Telephone Number: 530-898-5700 Fax Number: 530-898-6804							
Email: casager@cauchico.edu							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type;	<u> </u>
* Other (specify):	
40 Name of Federal Assessed	
* 10. Name of Federal Agency:  Business and Cooperative Programs	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	,
Rural Business Opportunity Grants	
Redai Business opportunity ordina	
* 12. Funding Opportunity Number:	
RBS-RBOG2007	•
* Title:	
Rural Business Opportunity Grant (RBOG)	·
13. Competition Identification Number:	
Tot. Competition International Comments of the	
Title;	•
	•
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Economic Gardening: Industry and Market Intelligence to Nurture New and Existing Local Businesses	
Attach supporting documents as specified in agency Instructions.	
Add Attachments   Delete Attachments   Yiew Attachments	

SPONSORED PROGRAMS

**2**004

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
* a. Applicant Second	• b. Program/Project Second
Attach en additional list of Program/Project Congressional Districts if ne	eded.
Add Chachment Detet	a Attachment (Maw Attachment
17. Proposed Project:	
* a. Start Date: 10/01/2007	b, End Date: 09/30/2008
18. Estimated Funding (\$):	
* a. Federal 50,000.00	
* b. Applicant 0.00	
* c. State 0.00	· ·
`d. Local 0.00	
*e, Other 0.00	
• f. Program Income 0.00	
* g. TOTAL 50,000,00	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes",     Yes	ained in the list of certifications** and (2) that the statements ge. I also provide the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims i. Code, Title 218, Section 1001)
Authorized Representative:	
Prefix: * First Name:	Carol
Middle Name:   Sager	
Last Name: Sager Suffix:	
* Title: Dir., Research and Sponsored Programs	
* Telephone Number:   530-898-5700	Fax Number:   530-898-5804
*Email:  casager@csuchico.edu	
* Signature of Authorized Representative: Completed by Grants.gov upon sul	bmission, * Date Signed; Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005) . Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424 Version 02								
_				elect appropriate lette	er(s):			
Preapplication		✓ New						
Application		Continuation	* Other (Speci-	fy)				
Changed/Correcte	d Application	Revision						
* 3. Date Received:				** AND AND SECTION AND AND STATE OF COMMENTS AND THE SECTION AND AND AND AND AND AND AND AND AND AN				
Completed by Grants.gov				RECEIVED	L			
5a. Federal Entity Ide	* 5b. Fede	ral Award Identifier:		MAR 2 7 2007				
						·		
State Use Only:				•		STATE CLEARING HOUSE		
6. Date Received by	State:	7. State Applicatio	on Identifier:		to the state of th	The particular of the second special s		
8. APPLICANT INFO	RMATION:							
* a. Legal Name: Co	mmunity Recove	ry Services						
* b. Employer/Taxpay	er Identification N	lumber (EIN/TIN):	* c. Organ	izational DUNS:		· ·		
94-3068560			795261720	3				
d. Address:								
* Street1:	3101 Telegraph A	Ave						
Street2:								
* City:	Berkeley							
County:					_			
* State:			C	A: California				
Province:								
* Country:			USA: UNITED	STATES				
* Zip / Postal Code:	94705-1919					·		
e. Organizational U	nit:			The state of the s	***************************************			
Department Name:			Division N	ame:		en e		
Alcohol Policy Netwo	rk		Students for a Safer Southside					
f. Name and contact	t information of	person to be contacted on	matters invo	lving this applicat	ion:			
Prefix:		* First Nar	me: Joan					
Middle Name:								
* Last Name: Kiley								
Suffix:								
Title: Executive Director								
Organizational Affiliat	ion:							
Community Recovery	Services						!	
* Telephone Number:	510-548-9822			Fax Number:	-			
* Email: jlkiley@pa	* Email:   jlkiley@pacbell.net							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Type of Applicant 3. Select Applicant Type.	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84.184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-122206-002	
* Title:	
Prevention of High-Risk Drinking or Violent Behavior Among College Students CFDA 84.184H	
13. Competition Identification Number:	
84-184H2007-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
·	
* 15. Descriptive Title of Applicant's Project:	
Reducing High Risk Drinking Among University of California, Berkeley Students in the South Campus Area	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Ass	istance SF-424		Version 02
16. Congression	nal Districts Of:			
* a. Applicant	9		* b. Program/Project	9
Attach an additic	onal list of Program/I	Project Congressional District	s if needed.	
		Add Attachment	Delete Attachment View Attachment	
17. Proposed P	roject:			
* a. Start Date:	01/07/2007		* b. End Date: [	06/30/2008
18. Estimated F	funding (\$):			
* a. Federal		128,502.00		
* b. Applicant		0.00		
* c. State		0.00		
* d. Local		0.00		
* e. Other		0.00		
* f. Program Inc	ome	0.00		
* g. TOTAL		128,502.00		
* 19. Is Applicat	tion Subject to Re	view By State Under Execut	tive Order 12372 Process?	
l .			xecutive Order 12372 Process for review on	
ł		72 but has not been selected		
l	not covered by E.O			
* 20. Is the App	licant Delinguent (	On Any Federal Debt? (If "Y	es", provide explanation.)	
Yes	✓ No	Explanation	,	
herein are true, comply with an	, complete and acc y resulting terms i	curate to the best of my kn if I accept an award. I am av	s contained in the list of certifications** an owledge. I also provide the required assu- ware that any false, fictitious, or fraudule s. (U.S. Code, Title 218, Section 1001)	rances** and agree to
✓ ** I AGREE				
** The list of cert specific instruction	tifications and assur ons.	ances, or an internet site whe	ere you may obtain this list, is contained in the	e announcement or agency
Authorized Rep	resentative:			
Prefix:		* First N	ame: Joan	
Middle Name:				
* Last Name:	Kiley			
Suffix:				
* Title: Executi	ive Director			
* Telephone Num	ber: 510-548-9822		Fax Number:	
* Email: jlkiley	/@pacbell.net			
* Signature of Au	thorized Representa	ative: Completed by Grantegov	on sumission. * Date Signed: Completed	by Grants gay upon submission.
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FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION: Application			3. DATE RECEIVED B	Y STATE	State Applie	nation Identifier		
Construction	Pre-appli				_	State Application Identifier		
Non-Construction	Const		4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Ide	ntifier		
5. APPLICANT INFORMATIO	<u>∣⊫ Non-Co</u> N	nstruction						
Legal Name:				Organizational Uni	it:			
The Regents of the University	of California,	UCLA		Department: Physics & Astronom				
Organizational DUNS: 092530369				Division:	<del></del>			
Address:			OFIVER	Plasma Science and	Technology in	nstitute		
Street: 10920 Wilshire Blvd., Suite 120	00	KE	CEIVED	involving this appl	Name and telephone number of person to be contacted on mainvolving this application (give area code)			
Cibe		M	AR 2 7 2007	Prefix: Ms.	First Name: Kristin			
City: Los Angeles	IMA	4N 2 1 2001	Middle Name	TAIOHI				
County: Los Angeles		1	OLEADINO HOHOE	Last Name				
State: Zip Code			CLEARING HOUSE	Lund				
Country:				Suffix:				
				Email: klund@resadmin.uc	la edu			
6. EMPLOYER IDENTIFICATION		(EIN):		Phone Number (give	area code)	Fax Number (give area code)		
95-6006143	]			310-794-0171	•	310-794-0631		
B. TYPE OF APPLICATION:				7. TYPE OF APPLIC	ANT: (See had			
Revision, enter appropriate lett	v 🔲 c	ontinuation	n 🔲 Revision	7. TYPE OF APPLICANT: (See back of form for Application Types)				
See back of form for description	of letters.)	es)	_	Other (specify)	State Controlled Institution of Higher Learning			
Other (specify)								
				9. NAME OF FEDER	AL AGENCY:			
10. CATALOG OF FEDERAL D	OMESTIC A	SSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S DOC LECT.		
			8 1-0 4 9	Development of Diag	nostic Systems	for Magnetic Fusion Energy		
TITLE (Name of Program):				Sciences Experiment	S	The state of the s		
2. AREAS AFFECTED BY PRO	DJECT (Citie	s, Counties.	States, etc.)					
os Angeles, CA			, <b></b> ,,					
3. PROPOSED PROJECT				14. CONGRESSIONA	LDISTOICES	0.5		
tart Date: 1/01/08	Ending Da 12/31/10	te:		a. Applicant	L DISTRICTS	b. Project		
5. ESTIMATED FUNDING:	12/3 // 10			30tj	<u> </u>	B0th 1		
. Federal \$			00	UKUEK 123/2 PROCI	ESS?	REVIEW BY STATE EXECUTIV		
	····		1,270,408	A VOS IZI THIS PRE	APPLICATION	APPLICATION WAS MADE		
Applicant \$			.00	PROCESS	S FOR REVIEW	ATE EXECUTIVE ORDER 1237;		
State \$			00	DATE: 3/2		,,		
Local \$			00					
Oth			•	b. No. 🔲 PROGRAM	I IS NOT COV	ERED BY E. O. 12372		
			-00	OR PROG	RAM HAS NOT	BEEN SELECTED BY STATE		
Program Income \$			.00	FUR REVI	⊢W	IT ON ANY FEDERAL DEBT?		
TOTAL \$			00	_				
TO THE BEST OF MY KNOW	I FDGE AND	) BEI IEE 4	1,270,408	Yes if "Yes" attach				
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A TACHED ASSURANCES IF TH	UTHORIZED	BY THE G	OVERNING BODY OF THE	ICATION/PREAPPLIC	ATION ARE TH	RUE AND CORRECT. THE		
TACHED ASSURANCES IF TH Authorized Representative	IE ASSISTAI	NCE IS AW	ARDED.		TE APPLICAN	IT WILL COMPLY WITH THE		
	irst Name onya			Middle				
st Name	onya			Middle N	iame	,		
ster				Suffix				
itle Iministrative Analyst			2	c Telent	none Number (g	the area and a		
Timilistrative Arialyst	-			a. reiepi	TOTIC HARRIDGE (Q	live area code)		
Signature of Authorized Represe	ntative	700	# -	310-206 e. Date 5	-6159	-27-07		

Application for Federal Assistance SF-424 Version 02 \* 1. Type of Submission: \*2. Type of Application: \* If Revision, select appropriate letter(a): Preapplication **√** New ✓ Application Continuation \* Other (Specify) Changed/Corrected Application Revision \* 3. Date Received: 4. Applicant Identifier: Completed by Grants.gov upon submission, 5a. Federal Entity Identifier: \* 5b. Federal Award Identifier: State Use Only: 6. Date Received by State: 7. State Application Identifier: **8. APPLICANT INFORMATION:** \* a. Legal Name: Eskaton Properties, Incorporated \* b. Employer/Taxpayer Identification Number (EIN/TIN); STATE CLEARING HOUSE " c. Organizational DUNS: 94-2906316 621506310 d. Address: \* Street1: 5105 Manzanita Avenue Street2: \* City; Carmichael County: " State: CA; California Province: · Country: USA: UNITED STATES \* Zip / Postal Code: 95608-0598 e. Organizational Unit: Department Name: Division Name: f. Name and contact information of person to be contacted on matters involving this application: Prefix: \* First Name: Cathy Middle Name: \* Last Name: Sailor Suffix: Title: Director of Operations Organizational Affiliation: \* Telephone Number: (916) 334-0810 Fax Number: (916) 338-1248 \* Email: cathy.sailor@eskaton.org

No. 5729 P. 3 **OMB Number: 4040-0004** 

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
	7
* Other (specify):	•
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5078-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	
13. Competition Identification Number:	
202DEMO-01	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Roseville; Placer County; California	
16. Descriptive Title of Applicant's Project:	
-aw-Income Housing Project for Seniors	
The state of the s	
Ntach supporting documents as specified in agency instructions.	
Add Argennenger Pheresuganengs Provensannades	
	İ

Expiration Date: 01/31/2009

Applicatio	n for Fede	ral Assista	ance SF-424						Version (
16. Congress	sional Distric	ts Of:			-				
* a. Applicant	t 3rd				* b. Pi	rogram/Proje	ct 4th		
Allach an add	Iltional list of I	Program/Proje	ct Congressional Districts	if needed.					
			Act All (eginenia)	elete Attac	hment View A	itacimient			
17. Proposed	f Project:	-							
* a. Start Date	e: 12/19/200	7				* b. End Dat	te: 06/01/200	9	
18. Estimated	d Funding (\$)	:							
a. Federal			5,819,931.00						
* b. Applicant			25,000.00						
° c. State			0.00						
* d. Local			500,000.00						
• e. Other			0.00						
f. Program la	ncome		0.00						
g. TÓTAL			6,344,931.00						
Yes  21. *By signin herein are tru comply with a	No No eg this applicate, complete any resulting	ation, I certify and accurate terms if I acc	ry Federal Debt? (If "Yes planefion y (1) to the statements of to the best of my knowled cept an award. I am awar ministrative penalties. (I	ontained li edge. I als	the list of cers provide the	difications** required as	CUPANCAG** AI	of same ho	
Z "IAGREE	!								
r* The list of ce specific Instruc	artifications an stions.	d assurances,	or an internet site where y	ou may ob	lain this list, is o	contained in	the announcen	tent or agend	ey
Authorized Re	presentative	<b>)</b> :							
Prefix:			• First Name	e: Carol					
Middle Name:			<b>,</b>	$\neg$				1	
Last Name:	Scott								
Suffix:			]						
Title: Admir	nistrative Assi	islant							
Telephone Nu	mber: (916)	334-0810			Fax Number:				
	1				I ax Humber.	(916) 338-1	248		
	l.scoll@eska	ton.org			T ax tyombal.	(916) 338-1	248		

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d. Signature of Authorized Representative

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

e. Date Signed 03/22/2007

PPLICATION FOR EDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED	•	Applicant Iden	ulici
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	YSTATE	State Applicati	
pplication	Pre-application	4. DATE RECEIVED BY	Y EEDEDAL AGENCY	Federal Identif	
Construction	HE Construction	4. DATE RECEIVED D	1 PEDERAL AGENCI		
Non-Construction	Non-Construction				<u> </u>
APPLICANT INFORMATION pal Name:	<u> </u>		Organizational Unit	1 1 1 1 1 1 1	A CONTRACTOR OF THE STATE OF TH
lifomia Department of Toxic	Substances Control	,	Department: Science Pollution Pr	evention and Te	chnology Development
ganizational DUNS:	Outstances Contact	1 25,15.	Division:	a contide and To	chnology Development
	949010870		Office of Pollution Pr	e number of be	rson to be contacted on matter
idress: /// v.o.4	<u> </u>		involving this appli	cation (give are	a code)
01 "I" Street, P.O. Box 806			Prefix:	First Name: Relly	
y:		>-	Middle Name		
acramento	<u> </u>		Last Name		
ounty: acramento			Briones		
ate:	Zip Code 95812-0806		Suffix:		. 1
A STATE OF THE STA		<i>.</i>	Email:	nv \	Granda (1911)
SA ಓಲ್ ಕ್ಯಾಸ್ಟ್ ಕಟ್ಟಿಗಳು	ON NHINDED /E/A/I-	<u> </u>	rbriones@dtsc.ca.go Phone Number (give		Fax Number (give area code)
EMPLOYER IDENTIFICATI			(916) 445-2927	••	(916) 327-4494
68-0 281 38				ANT: (See bac	k of form for Application Types)
TYPE OF APPLICATION:	··	n 🔲 Revision			
Pavision, enter appropriate le	etter(s) in box(es)	U. III Kealaiou	A	. 4	
e back of form for description	on of letters.)	. · 🗖 · · ,	Other (specify)	N	ing the state of t
her (specify)		··· L	9. NAME OF FEDE		USERA
non (opean))		, ,		1, 4, 1, 1, 4, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	. UOLIM., 711,
H.C. Marin of Program	en frankriger Geregoria Geregoria	66-708	11. DESCRIPTIVE	TITLE OF APPL ng Alternatives f	ICANT'S PROJECT: or the Chemical Industry: A Test
TLE (Name of Program): Y 2007 Request for Proposa	ls, Pollution Prevention G	6 6 - 7 0 8 rants Program	11. DESCRIPTIVE	TITLE OF APPL ng Alternatives f	
TLE (Name of Program): Y 2007 Request for Proposa Z. AREAS AFFECTED BY P State-wide	lls, Pollution Prevention Gi	6 6 - 7 0 8 rants Program	11. DESCRIPTIVE  Low Toxicity Cleani and Demonstration	ntle OF APPL ng Alternatives f Program	or the Chemical Industry: A Test
TLE (Name of Program): Y 2007 Request for Proposa  Z. AREAS AFFECTED BY P  State-wide  3. PROPOSED PROJECT	ils, Pollution Prevention Gi	6 6 - 7 0 8 rants Program	11. DESCRIPTIVE  Low Toxicity Cleani and Demonstration  14. CONGRESSION a. Applicant	TITLE OF APPLING Alternatives for Program	or the Chemical Industry: A Test  OF:
TLE (Name of Program): Y 2007 Request for Proposa L AREAS AFFECTED BY P State-wide B, PROPOSED PROJECT Lart Date: 0/0472007	lls, Pollution Prevention Gi	6 6 - 7 0 8 rants Program	11. DESCRIPTIVE  Low Toxicity Cleani and Demonstration  14. CONGRESSIOI a. Applicant State	TITLE OF APPLING Alternatives for Program  NAL DISTRICTS	OF:    b. Project   State-wide   State-wide   D. Project   State-wide   D. Project   State-wide   D. Project   State-wide   D. Project   D. Project   D. Project   State-wide   D. Project
TLE (Name of Program): Y 2007 Request for Proposa 2. AREAS AFFECTED BY P State-wide 3. PROPOSED PROJECT tart Date: 0/01/2007	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6 6 - 7 0 8 rants Program	11. DESCRIPTIVE  Low Toxicity Cleani and Demonstration  14. CONGRESSION a. Applicant State 16. (S APPLICATION	NAL DISTRICTS wide	OF:    D. Project   State-wide   D. Project   State-wide   D. Project
TLE (Name of Program): Y 2007 Request for Proposa L AREAS AFFECTED BY P State-wide B, PROPOSED PROJECT Dart Date: 0/01/2007 S. ESTIMATED FUNDING:	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6\6-708 rants Program s, States, etc.):	14. CONGRESSION  14. CONGRESSION  a. Applicant  State  16. IS APPLICATION  THIS P	NAL DISTRICTS wide ON SUBJECT TO	OF:  b. Project State-wide  OREVIEW BY STATE EXECUTIVE  N/APPLICATION WAS MADE
TLE (Name of Program): Y 2007 Request for Proposa 2. AREAS AFFECTED BY P State-wide 3. PROPOSED PROJECT Lart Date: 0/01/2007 5. ESTIMATED FUNDING: Federal	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6 6 - 7 0 8 rants Program s, States, etc.):	14. CONGRESSION  14. CONGRESSION  a. Applicant  State  16. IS APPLICATION  ORDER 12372 PRO  a. Yes. THIS PAVAILA	NAL DISTRICTS wide ON SUBJECT TO	or the Chemical Industry: A Test  OF:  b. Project State-wide  O REVIEW BY STATE EXECUTIV  N/APPLICATION WAS MADE  TATE EXECUTIVE ORDER 1237
TLE (Name of Program): Y 2007 Request for Proposa 2. AREAS AFFECTED BY P State-wide 3. PROPOSED PROJECT tant Date: 0/01/2007 5. ESTIMATED PUNDING: Federal Applicant	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6\6-708 rants Program s, States, etc.):	14. CONGRESSION  14. CONGRESSION  14. CONGRESSION  16. IS APPLICATION  THIS PAYAILA  PROCE	NAL DISTRICTS wide ON SUBJECT TO CESS? RÉAPPLICATIO UBLE TO THE S' ESS FOR REVIE	OF:    b. Project   State-wide     D. REVIEW BY STATE EXECUTIVE     N/APPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372
TLE (Name of Program): Y 2007 Request for Proposa 2. AREAS AFFECTED BY P State-wide 3. PROPOSED PROJECT tant Date: 0/01/2007 5. ESTIMATED PUNDING: Federal Applicant	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6\6-708 rants Program s, States, etc.):	14. CONGRESSION  14. CONGRESSION  14. CONGRESSION  2. Applicant  State  16. IS APPLICATION  ORDER 12372 PROCE  AVAILA-  PROCE  DÄTE:	NAL DISTRICTS WIDE TO THE STEEL THE STE	or the Chemical Industry: A Test  OF:    b. Project     State-wide     O REVIEW BY STATE EXECUTIVE     N/APPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372
TLE (Name of Program): Y 2007 Request for Proposa 2. AREAS AFFECTED BY P State-wide 3. PROPOSED PROJECT tart Date: 0/01/2007 5. ESTIMATED PUNDING: Federal . Applicant	ils, Pollution Prevention Gi ROJECT (Cities, Courities Ending Date:	6 6 - 7 0 8 rants Program s, States, etc.):	14. CONGRESSION a. Applicant State 16. IS APPLICATION THIS PAVAILAPPROCE DATE: b. No. III PROGRESSION  Low Toxicity Cleaning and Demonstration  14. CONGRESSION State Available PROCE DATE:	NAL DISTRICTS wide ON SUBJECT TO CESS? RÉAPPLICATIO BBLE TO THE S' ESS FOR REVIE March 29, 2007	OF:    b. Project   State-wide     D. REVIEW BY STATE EXECUTIVE     N/APPLICATION WAS MADE     TATE EXECUTIVE ORDER 12372     W ON
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MAR 2 9 2007 .

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED			Applicant Identifier				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE			State Application Identifier			
Application	Pre-application	4. DATE RECEIVE	D DV EEDERAL	AGENCY	CY Federal Identifier			
Construction	Construction	4, DATE RECEIVE	D DI LEDEKAL	AGENO,	o i i caci di lacinina			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	1						
Legal Name:		,	Organiza Departme	tional Unit:				
California Department of Toxic S	Substances Control	-	Science,	Pollution Pre	evention and Te	chnology Development		
Organizational DUNS:	949010870		Division: Office of	Pollution Pre	evention and Te	chnology Development		
Address:	373010070	THE RESIDENCE AND PROPERTY OF THE PROPERTY OF	Name an	Name and telephone number of person to be contacted on matters				
Street: 1001 "I" Street, P.O. Box 806			Prefix:					
City: Sacramento	MAR	2 9 2007	Middle Na					
County: Sacramento	STATE OLD	ADISTOLIO	Last Nam Stettler	ie				
State: CA	Zip Code 95812-0806	AHING HOUSE	Suffix:					
Country: USA			Email: jstettle@	dtsc.ca.gov				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone N	umber (give a	rea code)	Fax Number (give area code)		
68-0281381	]		(510) 540		ر	(510) 540-3891		
8. TYPE OF APPLICATION:	_		7. TYPE	OF APPLIC	ANT: (See bac	k of form for Application Types)		
☑ Nex If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	on 🏻 Revision	A Other (sp	ecify)		4		
Other (specify)	/			9. NAME OF FEDERAL AGENCY: USEPA				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1 .			CANT'S PROJECT:		
)		6 6 - 7 0	8 Green B	usiness Cerl	tification and Me	easurement Database		
TITLE (Name of Program):	Dulbuthan Daharantian O							
FY 2007 Request for Proposals  12. AREAS AFFECTED BY PR				_				
State-wide	`					· · · · · · · · · · · · · · · · · · ·		
13. PROPOSED PROJECT					AL DISTRICTS			
Start, Date:	Ending Date: 09/30/2009		a. Applic	a⊓t State-w	ilde	b. Project State-wide		
10/01/2007 15. ESTIMATED FUNDING:	09/30/2009			PPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE		
a. Federal \$			a. Yes.	12372 PROC THIS PR	FAPPLICATION	N/APPLICATION WAS MADE		
b. Applicant \$		127,829	a. 165. [	AVAILA	/AILABLE TO THE STATE EXECUTIVE ORDER 1237 ROCESS FOR REVIEW ON			
c. State \$		33,036		DATE: March 29, 2007				
d. Local \$				PROCEDAM IS NOT COVERED BY E. O. 12372				
e. Other		149,784 B. No. LL			R PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income \$		, 00	,	≕ FOR RF	VIEW ANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	i	310,649	☐ Yes	If "Yes" attac	h an explanatio	n. 🛭 🗖 No		
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	F, ALL DATA IN THE GOVERNING BOD	IS APPLICATION BY OF THE APPL	N/PREAPPL LICANT AND	ICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE		
a. Authorized Representative Brefix Br.	First Name	,		Middle	e Name			
Lact Name	Jeffr	ey		Suffix				
Last Name Wong				c. Telephone Number (give area code)				
Deputy Ditector, Science, Pollution Prevention and Technology Program					322-2822 te Signed			
d. Signature (Authorzed Repr	<u> </u>		- Jan	- Olyrica	Standard Form 424 (Rev.9-2003			

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